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Pilot Testing a Novel Tool to Assess Resilience among Nurses Delivering Direct Patient Care in Teams in the Hospital Setting

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Background

Resilience is "the <u>acquired</u> ability to recover, adapt, and grow from stress"(Wu et. al., 2013).

Why this matters?:
Healthcare workers are exposed to death and suffering while managing critical situations and multiple priorities. These obstacles have a psychological impact, however caregivers are not often trained in or given the tools needed to build resilience in the face of these challenges.

- *The Joint Commission (2019) and American Nurses Association (2017) called for integration of practices that build resilience.*

- *Burnout, moral injury, substance use, and suicide increased since the pandemic started (WSHA, 2020).*

Individual vs. Team Resilience:
While strategies for enhancing resilience of individuals are prevalent, caregivers are still experiencing emotional distress. Since care is delivered in a team setting, we look to team resilience as a strategy to help caregivers thrive despite the challenging circumstances.

The Washington State Healthcare Association (WSHA) (2020) and the American Association of Critical Care Nurses (AACN) (2020) published work on building team resilience. While they offer insight, no valid and reliable tool currently exist to measure this concept.

*We describe **Team Resilience** as "homeostasis among the healthcare team while experiencing continuous change" (Benson et. at, 2019)*

The ultimate goal of this research is to understand how to measure team resilience and how the team can build and maintain team resilience while facing multiple challenges or changes in the department.

Purpose

To develop and pilot test a tool to measure team resilience among caregivers delivering direct patient care in an acute care hospital in the Pacific Northwest.

Methods

The tool consists of five domains.
- **Maintenance**: planned, scheduled cycles of process improvement;
- **Community**: spirit of collaboration and engagement;
- **Atmosphere**: department culture and behaviors;
- **Structure:** shared views of workflow, expectations, roles and accountability;
- **Foundation:** behaviors and attitudes underpin the unit.

Each domain has six questions that are on a Likert like scale ranging from Never (1) to Always (5). Aggregated raw scores are totaled for each domain and averaged (possible range: 6-30). Higher scores indicate greater team resilience.

Foundation	• A strong foundation is mandatory to hold structures in place, to keep the team highly engaged, and to provide best outcomes for patients. • Lower scores can indicate big or multiple departmental changes without time for scheduled maintenance. When this happens, any new change puts additional cracks in the foundation. This can cause the team feel unsteady and disjointed. • If the foundation is not strong, this is where interventions must start.
Structure	• A strong structure is one that aligns practices, provides clear focus, sets expectations, and is consistently accountable. • Clear expectations regarding roles, processes, communication routes, and chain of command must be included. • Without a strong structure the team may be dealing with a lack of buy in and feelings of resentment. Margin of error increases and patient harm increases. If the foundation and structure is not strong, other interventions will fail.
Atmosphere	• An atmosphere of excellence is every ones responsibility. The culture in a department is felt by all. • Each member of the team is committed to engaging in work in a way that is professional and uplifting. • HRO tones and tools are ingrained in every action. When concerns arise, the chain of command is utilized. • Without an atmosphere of excellence behaviors such as incivility, bullying, gossiping, or complaining can creep in. Patient, family, and caregiver satisfaction can suffer.
Community	• A strong community is key to being a highly resilient team. There are many roles within a healthcare organization (Physician partners, therapy, diagnostic team, transportation, dietary, scheduling. etc.) We often work side by side to care for patients but are divided into multiple sub-cultures. • Without a strong community resentment can develop and patient care can be delayed. Work arounds can be created and job satisfaction decreases. A team cannot be highly resilient without a strong community.
Maintenance	• Continued maintenance is key to being a highly resilient team. • If a team is strong in every area but is lacking a plan for maintenance they will decompose over time. • Scheduled time to review and assess the team's foundation, structure, atmosphere, and community is mandatory to maintain resilience.

A pilot test was conducted on a 20-bed post-anesthesia care unit (PACU) quarterly from November 2019 to November 2020.

Results

- Twenty-four PACU caregivers completed the initial assessment. At repeat assessments three, six, and nine months later, a total of nine (38%), 17 (71%), and seven (29%) caregivers participated, respectively.

- Resilience scores improved in all domains throughout the pandemic.

- While the population was too small to measure significance, the monitoring of the scores assisted the direction of their interventions.
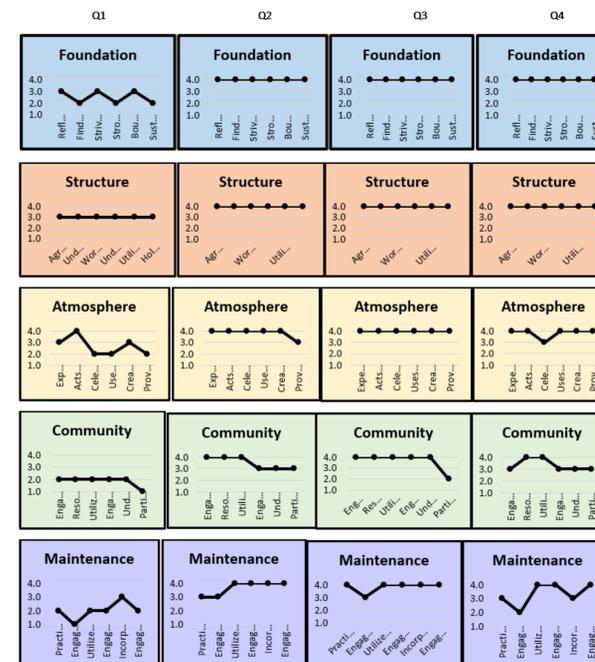
Discussion

To design their team's resilience caregivers used the Team Resilience Assessment to analyze, brainstorm, develop interventions and improve department specific goals during the pandemic.

The first interventions were focused on building their **Foundation** and **Structure**, while at the same time committing to meet quarterly to re-assess (**Maintenance**). After scores improved in these domains, then their interventions focused on building the **Atmosphere** and **Community**.

This team was engaged, had leadership and organizational support which encouraged their participation. They felt like this tool allowed for timely feedback to measure if they were building in the right direction.

Informal assessments of caregivers who completed our questionnaire revealed that they felt it provided them with a structure to work together as a team to address departmental concerns and that using it helped them achieve their goals.

Developing a maintenance plan for individual teams may be necessary for ongoing resilience regardless of how solid the team foundation and structure. Team maintenance needs to be further explored to understand its significance on the other domains.

To prepare for future changes, healthcare can provide a safety net for their teams by building a structure in which the impacts of this field are anticipated, identified early and mitigated by the team.

Implications

- *Team Resilience may improve emotional well-being among caregivers.*

With rapid changes in healthcare, new theories and processes for assessing and supporting resilience among caregivers delivering direct patient care in a team setting are necessary to improve burnout, moral injury, and associated negative behaviors, and outcomes such as sick days, caregiver injury, turnover and events of preventable patient harm. Structured, validated tools such as the one developed by our project team may help measure and improve team resilience over time. In addition, improve employee engagement and patient satisfaction scores.

Next steps include administration of the tool among nurses across multiple specialties in the hospital to increase the sample size for validity and reliability testing. Additionally, this tool should be implemented in other settings and demographic areas for applicability and utilization. Such studies are currently underway.

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